

FILED AUG 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26151

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>928</u>		
1. PLACE OF DEATH a. COUNTY <u>Bushanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>24 hrs 3 hrs 1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>State Hospital No. 2</u>				d. STREET ADDRESS (If rural, give location) <u>Unknown</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN</u> b. (Middle) <u>- NONE -</u> c. (Last) <u>HUSTON.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-22-1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>2-10-7-1872</u>		
9. AGE (In years) (Last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>15</u>		IF UNDER 24 HRS. Hours <u>15</u> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stone mason & plumber</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Pharis Marion Huston</u>			13b. MOTHER'S MAIDEN NAME <u>Rachel Jane Turner</u>			14. NAME OF HUSBAND OR WIFE <u>Wife deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Judge Elmer Culow - Excelsior Spg Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>4/201</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>6-2-</u> , 19 <u>49</u> , to <u>8-22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-21-</u> , 19 <u>49</u> , and that death occurred at <u>135 A m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree of title) <u>J. H. Morrow, M.D.</u>			23b. ADDRESS <u>St. Joseph, Mo. State Hospital No. 2</u>			23c. DATE SIGNED <u>8-22-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/24/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Devatur Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Decatur Iowa</u>		
DATE REC'D BY LOCAL REG. <u>Aug 25, 1949</u>		REGISTRAR'S SIGNATURE <u>G. C. Jenkins</u> 382		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman W. ...</u>		ADDRESS <u>1802 Union St. St. Joseph, Mo.</u>		

WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed Elmer Thomas

Signed
Student Embalmer

Licensed Embalmer No. 2640

P. O. Address St Joseph

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.